

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-11-05</u>		2 Serial/Patent # <u>10/520017</u>																																																							
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/></td><td>Filing</td><td style="width:15%;"></td><td style="width:15%;"></td><td style="width:15%;">\$ 1110</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing			\$ 1110	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">4 PAPER NUMBER</td> <td style="width:15%;">5 DATE FILED</td> <td style="width:70%;">6 AMOUNT</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT			
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<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND \$ <u>1110.00</u>																																																							
		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 5 0 -- 2 8 6 6 </div>																																																							
10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/></td><td>Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																																																	
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11 REFUND REQUESTED BY:																																																									
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>																																																							
SIGNATURE: <u><i>John Anderson</i></u>		PHONE: <u>308-9140 ext 211</u>																																																							
OFFICE: <u>PCT DO/EO</u>																																																									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																									
APPROVED: _____		DATE: _____																																																							

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